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PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875									Application or Docket-Number			
CLAIMS AS FILED – PART I (Column 1) (Column 2)							SMALL E	ENTITY	OR		R THAN ENTITY	
	FOR	NUMBI	NUMBER FILED		NUMBER EXTRA		RATE	FEE		RATE	FEE	
	IC FEE CFR 1.16(a))							s	OR		s	
TOT	AL CLAIMS CFR 1.16(c))		minus 20			x \$ =		OR	x \$ _ =			
INDEPENDENT CLAIMS (37 CFR 1.16(b))		vis .	minus 3 = *		•		x \$ =		OR	x s =		
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))												
· · · · · · · · · · · · · · · · · · ·						l	+\$=		OR	<u>+s=</u>		
* If the difference in column 1 is less than zero, enter "0" in column 2.							TOTAL		OR	TOTAL		
CLAIMS AS AMENDED - PART II												
'	4110	(Column 1)	, olumn 1) (C		(Column 2) (Column 3)		SMALL ENTITY		OR		R THAN ENTITY	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total (37 CFR 1.16(c))	. 11	Minus	<del>"</del> 20	=		x s =	,	OR	x \$ =		
	Independent (37 CFR 1.16(b))	• 5	Minus	<del>"3</del>	= 2		x \$ =		OR	× 200	400	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))								OR	<u> </u>	-100	
(3.7.1.10(4))							TOTAL			+s= TOTAL	(14)	
							ADD'L FEE		OR	ADD'L FEE	LCHO	
		(Column 1) CLAIMS	1	(Column 2) HIGHEST	(Column 3)	1						
AMENDMENT B		REMAINING AFTER AMENDMENT		NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total (37 CFR 1.16(c))	•	Minus	**	=		x \$=		OR	x \$=		
	Independent (37 CFR 1.16(b))	•	Minus	***	=		x \$=		OR	x \$=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))						+s =		OR	+s =		
						,	TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE		
		(Column 1)		(Column 2)	(Column 3)							
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total (37 CFR 1.16(c))		Minus	**	=		x <b>s</b> =		OR	x \$=		
	Independent (37 CFR 1.16(b))	*	Minus	***	=		x \$=		OR	x \$=		
AM	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))						+s =		OR	+ \$ =		
							TOTAL			TOTAL		
ADD'L FEE OR ADD'L FEE  • If the entry in column 1 is less than the entry in column 2, write "0" in column 3.												
	** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".  *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".											

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

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